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ABSTRACT

This report describes and evaluates the Child and Family Resource Program (CFRP) in St. Petersburg, Florida, one of 11 demonstration sites of this Head Start-affiliated program. The cooperation of community service agencies and the combination of the roles of homebased teacher and social worker into the role of home visitor were major strengths of the program at this site. Specific areas of the St. Petersburg CFRP are described and evaluated: (1) the overall, specific, and operational goals of the program and its components; (2) the planning, startup, and implementation of the program components (health and social services, education, parent involvement, and family recruitment); (3) staff functions, qualifications, utilization and interrelationships; (4) preservice and inservice training; (5) recruitment of families and the use of needs assessment procedures; (6) amount of coordination with social service agencies; (7) materials used in the program; and (8) program cost data presented (in table form). A general summary of this site's strengths and weaknesses is provided. (ED)

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PROGRAM DESCRIPTION

CHILD AND FAMILY RESOURCE PROGRAM

ST. PETERSBURG, FLORIDA

Under Contract No. HEW-OS-74-274

Submitted To:

OFFICE OF CHILD DEVELOPMENT
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Submitted By:

DEVELOPMENT ASSOCIATES, INC.
1521 New Hampshire Ave., N.W.
Washington, D. C. 20036

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June 30, 1975

PS 008484

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ST. PETERSBURG CERP PROGRAM DESCRIPTION

INTRODUCTION

St. Petersburg is situated on the western coast of Florida in the Tampa Bay region. The city is located in Pinellas County which has the fourth largest population in the state and is the most densely populated. The county had a population of 523,325, according to the 1970 U. S. Census. The population has now grown to around 700,000.

The target area for the CERP is the central area of the south side of the city. The area is urban with a heavy concentration of low income families and has been designated as a poverty pocket by the local Community Action Agency. The median income is \$5,245.

The Head Start program in Pinellas County was originally funded in 1964 to provide pre-school training for 3-5 year old children in the lower income bracket. At the present time, there are 15 centers located throughout the county, with one of these centers located in the CERP target area. The CERP was first introduced in a telephone call from the Office of Child Development Regional Office to the Pinellas County Head Start Director in January 1973. The CERP concept was explained and the Director was told that he could complete and submit a Questionnaire/Prospectus if he wanted to apply for funding. The Director liked the program and felt it was good for the community. He saw that a coordinated effort was needed to deliver services to low income families. The Director recommended to the Head Start Board of Directors and Policy Council that they apply for CERP funds. The recommendation was accepted and a response was prepared to the Questionnaire/Prospectus. After receiving word of their qualification, the Director and the Educational and Social Service Coordinators of Head Start began planning a program. The staff familiarized themselves with the program guidelines and attended the CERP meeting in Denver. Also, during this time, possible staffing patterns for CERP were discussed along with plans for the participation of the community agencies. Coordination of agencies was a major thrust of the new program and a concerted effort was made to include these agencies in planning from the very beginning.

To help prepare the proposal and in order to insure a coordinated effort, a Planning Committee was formed with representatives of local community agencies as members and the Head Start Director as Chairman. At these meetings, discussions were held concerning the resources that would be provided and the agencies that would be providing them. The meetings were informal and suggestions were made and discussed. If every member agreed that an idea or suggestion was good, it was recorded as something to include in the proposal. The criteria used for this was the degree to which it contributed to the CERP concept and whether it was a unique idea that would add something to the proposal. (They were very much aware that they were competing for funds with

other construction. Although the committee approved this action, the first contract decision rested with the Head Start Director. The proposal was written in March and April of 1975 by the Head Start Director and the Director of Education and submitted at the end of April. The first contract was awarded on August 15, 1975, marking this date as the beginning of program implementation for the St. Petersburg CSEA.

2. **General Information**

1. **Project Description**

1.1. **Project Name:** [Project Name]

1.2. **Objectives:**

- 1.2.1. [Objective 1]
- 1.2.2. [Objective 2]
- 1.2.3. [Objective 3]

1.3. **Scope:**

- 1.3.1. [Scope Item 1]
- 1.3.2. [Scope Item 2]
- 1.3.3. [Scope Item 3]
- 1.3.4. [Scope Item 4]

1.4. **Timeline:**

- 1.4.1. [Timeline Item 1]
- 1.4.2. [Timeline Item 2]
- 1.4.3. [Timeline Item 3]
- 1.4.4. [Timeline Item 4]

1.5. **Resources:**

1.5.1. [Resource Description]

- 1.5.2. [Resource Item 1]
- 1.5.3. [Resource Item 2]

1.5.4. [Resource Item 3]

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1. Introduction

The purpose of this study is to investigate the effects of various factors on the performance of a system. The study is organized as follows: Section 2 describes the system and the factors being investigated. Section 3 presents the experimental design and the results of the experiments. Section 4 discusses the implications of the results and provides conclusions. Section 5 contains references.

2. System Description and Factors

The system under investigation is a computer system. The factors being investigated are the number of users, the amount of data, and the type of tasks. The system is described in detail in the following sections.

3. Experimental Design

The experimental design is a factorial design. The factors are the number of users, the amount of data, and the type of tasks. The results of the experiments are presented in the following sections.

The results of the experiments show that the number of users has a significant effect on the performance of the system. The amount of data also has a significant effect on the performance of the system. The type of tasks has a significant effect on the performance of the system.

The implications of the results are that the number of users, the amount of data, and the type of tasks are important factors in the design of a system. The conclusions of the study are that the number of users, the amount of data, and the type of tasks are important factors in the design of a system.

was expanded from a 50% part-time role to full-time in December 1974. This staff member works primarily with activities related to parent involvement. (See Section III for more detail on staff).

In addition, by the Spring of 1975, newly recruited and enrolled families were approached and introduced to the program much differently. The staff's new strong feelings about the importance of parent involvement were communicated in earnest and parent commitment was actively solicited.

There is a wide range of services provided in this component. The majority of these services are coordinated by the Enrichment Coordinator but he remains in close contact with the Home Visitors and other staff to maintain an integrated and coherent program approach. With the advent of a full time Enrichment Coordinator, and more attention to this program area by other staff, parent interest began to grow. By the Spring of 1975, the range of services in this component encompassed a variety of enrichment activities which included: picnics, trips to recreational and cultural points, cruises, bowling, a fashion show, self improvement counseling, discussion groups on topics raised by parents, formal training sessions to help improve parenting skills, and a number of adult education opportunities with nearby educational institutions including program staff assistance in locating financial support when necessary.

This component has grown over the months and appears indicative of the responsiveness of the St. Petersburg staff to the needs of the CFRP families. The results of rethinking and reacting to this component have produced a shift in the attitudes of the staff regarding the importance of parent involvement in the program.

5. Recruitment of Families:

The plan for recruiting families was implemented as designed with one major exception. The phasing for enrolling families was accelerated and families were recruited faster than originally anticipated. CFRP staff attributes this as the response to what they interpreted as OCD urgings in this regard. Although they felt that increasing the rate of recruiting families would impact on other areas of the program, they acquiesced and hurried the recruiting process. No other recruiting procedures or eligibility requirements were affected by this decision.

The CFRP staff found that the recruiting plan was effective in obtaining families for the program. However, upon reflection on the experience of many months of effort, they spotted an area that needed improvement. (The preceeding section raised this issue in discussing

parent participation.) It became necessary for the staff to carefully and fully discuss with parents their responsibility to the program as well as the program's responsibility to the family. The first families were not asked to enter into any real agreement with the program regarding mutual responsibilities and expectations. A year and a half later, newly recruited parents were entering into written agreements with the program. Although these agreements do not have any real legal sanction, they do offer some reinforcement to the seriousness of the program intent and expectation for significant parent involvement.

In preparing the third year plan, the staff has already decided to make the letter of understanding a more detailed and working document as well as to increase the formality (and implied importance) of the letter.

As a result, in addition to the original criteria for CFRP acceptance of a child (age 0-5; and income eligibility or acceptance under 10% over income provision), a third criteria element has been added -- an indication of family commitment and willingness to participate in the program. This indication of commitment may take many forms and the CFRP staff is very alert for any positive manifestations of it. For example, in some cases, prospective parents are provided an opportunity to participate in various program activities. The manner and degree to which they do or do not take advantage of these opportunities can affect whether or not they will ultimately be accepted into the program. Another example, of course, is the previously mentioned letter of understanding.

Naturally family recruitment is not as time consuming as it was during the first months of the program. Since it is only required to maintain planned program levels more time is available to carefully tailor and individualize the process for each family. Moreover, the staff is more experienced and the program itself has a certain degree of credibility within the community. However two lessons learned have remained with this staff: if they had to do it over again they would recruit families slower, not faster; and they would exercise more care in explaining the program to prospective families to assure that the parents understood that mutual commitments and attendant responsibilities are encouraged and expected.

III. STAFF

A. Program Planning and Startup

The staffing plan along with recruitment and hiring was one of the things that was discussed by the Planning Committee. The original plan called for a CFRP Director, CFRP Coordinator, Director of Education, Social Services Coordinator, Training Coordinator; Homebased Teachers, Social Service Workers, Nurse, Nutritionist, and Parent Coordinator. All of the above staff, except for the CFRP Coordinator, Homebased Teachers and Social Service Workers were to be Head Start staff members who would devote a portion of their time to CFRP. The new staff members were to be screened by the Planning Committee, but the final decision on hiring would be made by the Head Start Director, who was now designated as the Head Start/CFRP Director.

In hiring the new staff members, first priority was given to Head Start staff who had proven that they could work well with families. The Head Start/CFRP Director described the CFRP concept to them and asked if they were interested. They were screened by the Planning Committee and the final hiring decision was made by the Head Start/CFRP Director subject to the approval of the Delegate Agency Board of Directors. The first new staff member was the CFRP Coordinator. He was hired in June 1973, and helped interview the other new staff members.

Description of the duties and responsibilities of each staff member were prepared during the Planning Phase. They are given below:

1. Head Start/CFRP Director:

This position is to be filled by the Head Start Director who will devote 10% of his time to CFRP and 90% to Head Start. He will direct and guide all phases of the CFRP. He will formulate, revise, and maintain consistency in administrative policies and methods of operation. He will represent the organization in public contacts with outside officials and agencies. He will attend conferences and meetings relating to the program. He will prepare the budget.

2. CFRP Coordinator:

The Coordinator will devote 100% of his time to CFRP. He will assist the Director with administrative functions. He will identify, coordinate, and utilize all available community resources. He will coordinate all services to be rendered to families by staff and participating agencies. He will submit regular visitation procedures. He will serve as liaison between the program and the community. He will assist with budget planning and revision. He will supervise and evaluate the CFRP staff.

3. Director of Education:

The Director of Education will devote 10% of his time to CFRP and 90% to Head Start and other programs. He will supervise the instructional personnel in the centers and the Homebased Teachers. He will review the educational program and make recommendations for change. He will demonstrate effective teaching techniques and will coordinate with the Enrichment Program Coordinator.

4. Homebased Teachers:

The Homebased Teachers will devote 100% of their time to CFRP. They will plan the educational program with the Director of Education. They will schedule visits with each family. They will submit visitation reports on each family. They will develop educational materials. They will consult with the assessment team members. They will exchange information and techniques with parents. They will make provisions for elementary school visitations.

5. Training Coordinator:

The Training Coordinator works for the County Juvenile Welfare Board and will devote 25% of his time to CFRP and Head Start. He will coordinate all training activities for the program. He will give guidance in the selection of consultants. He will assist in the planning, development, and implementation of the inservice training program. He will meet with the CFRP Coordinator, other staff personnel, agency representatives, and parents to determine training needs. He will be responsible for the preparation and dissemination of training agendas, reports, and summaries.

6. Social Service Coordinator:

The Social Service Coordinator will devote 10% of his time to CFRP and 90% of his time to Head Start and other programs. He will give guidance to the Social Workers and Social Worker's Assistants. He will establish relationships with new agencies in order to provide services to families. He will hold regular meetings with the social service staff.

7. Social Workers:

The Social Workers will devote 100% of their time to CFRP. They will make home visits for purposes of gathering data on families. They will prepare information on families to present to the assessment team. They will make referrals to agencies. They will act as advocates for families when necessary. They will provide resources for emergency services not covered by other agencies.

8. Nurse:

The Nurse will devote 15% of her time to CFRP and 85% of her time to Head Start and other programs. The Nurse will schedule medical screenings with the health department. She will maintain health records. She will participate with staff and parents in health education. She will make home visits to counsel families on health matters. She will schedule appointments for medical followups.

9. Nutritionist:

The Nutritionist will devote 10% of her time to CFRP and 90% of her time to Head Start and other programs. The Nutritionist will coordinate with the Home Extension Nutrition Health Education Program. She will coordinate with the School Director of Nutrition. She will plan menus to be used in the Head Start Center and to be distributed to the families which will provide up to 2/3 of the daily nutrition requirements. She will confer with the health department Nutritionist on nutritional needs of families. She will develop resources for diet counseling.

10. Parent Coordinator:

The Parent Coordinator will devote 10% of her time to CFRP and 90% to Head Start and other programs. The Parent Coordinator will plan programs and activities in conjunction with the Training Coordinator that meet the expressed interests and needs of the parents. She will attend parent meetings. She will serve as a staff resource person to the policy committee. She will recommend additional parent programs to the CFRP Coordinator. She will assist in motivating parents to be volunteers in the classroom.

II. Enrichment Coordinator

The Enrichment Coordinator will devote half time to CFRP, the other 50% of time will be applied to Head Start. The Enrichment Coordinator will serve as liaison between the school system and the CFRP in any follow-up problems experienced by CFRP children, ages 4-5. He will also work closely with the Homebased Teachers, Social Workers, and CFRP Coordinator in planning and coordinating enrichment (educational and entertainment) activities for families.

The original staffing plan was carried out during the startup phase with only minor change. OCD recommended that families should be enrolled more quickly than planned and that two Homebased Teachers be used instead of the three they had planned to use. When one of the three Homebased Teachers quit, a decision was made to follow OCD's recommendation and a replacement was not hired.

B. Program Implementation

Although there has been little turnover in the CERP staff there has been considerable reshuffling and redistribution of staff responsibilities and functions during the implementation phase. This is attributed primarily to the fact that while the planners had carefully considered the nature and intent of the program they did not have as clear an understanding of how these ideas would be implemented on a daily basis. As a result program exigencies have determined the extent to which the CERP staff functions and the staffing patterns and job descriptions are different from the planning and startup propositions in this area. These changes and the accompanying rationales are explained below.

I. Home Visitors

The most important staff position to the St. Petersburg CERP is the Home Visitor. This position was not included in the planning. During the first months of working with families there were two staff members assigned to each family. These assignments were based on functions - i.e., a Homelined Teacher and a Social Worker were each assigned to a family. It became apparent that while the families need the combination and range of skills provided by these two positions developed with the interpersonal relationships and program administration.

It was not long before the field staff began to realize that the type of program activities and interpersonal relationships they were beginning to develop with families demanded continued contact and mutual confidence. In many cases this type of relationship was a new experience for the families. Trying to develop their relationship with two staff members simultaneously tended to be too burdensome. The administrative problem was also formidable. The two staff assigned to a family had to coordinate closely to keep each abreast of the other's degree of involvement with the assigned families. As the number of assigned families increased, these coordination problems expanded geometrically.

Therefore during the winter of 1973, after almost six months of experience with this staff configuration, the Homelined Teachers (H) and Social Workers (S), positions were eliminated and replaced by a new staff role, that of the Home Visitors. The Homelined Teachers and Social Workers were not terminated from the program. They merely filled the four newly created Home Visitor slots. This expansion of responsibilities thus created some expertise gaps in each of the new Home Visitors that required extra staff training and special effort on the part of the last staff involved. All staff involved in this decision, however, feel that whatever the programmatic short comings, they were only temporary and that the over all long range improvement is

the program justified the decision. Not only will the contribution to
solve the educational problems and the program strengthened by integrating
resources, commercial interests and the program's objectives, in 1980,
primarily responsibility to the State System but it also in the future a more
philosophical responsibility involved.

3. Enrollment Expansion

The original plan called for the Enrollment Contribution to be a part-
time professional staff to be attached to the CIPED. It was expected to
operate from a number of part-time but no commitment to CIPED operational
personnel and from a staff contribution that it often provided some part-
supporting the program. A major program development was made to deal with
this problem. The Enrollment Contribution's personnel was expected to
full-time CIPED staff in December 1974. When there was an
real change in the job description, the CIPED Contribution staff is now
that the staff members in time would be compensated by an integrated
contribution to meet its effectiveness.

A new staff member was hired to teach the independent program. Since he
had no previous knowledge of the program and in the program he was
assigned as Policy Council Chairman upon completing the program and
also had attended the State University in December 1974. With time and
best in attending him to the program. By Spring 1975 the enrollment
efforts had begun to increase the level of enrollment and program effectiveness
of projects in the program.

4. Staff

The State position was originally offered, 25% of CIPED and 25% State funds.
This dual role played an educational leader in the State system. It was
expected to independently serve both programs. Consequently, in 1975
was left the position was expected to support a 1975 staff. The State
Board of Education was asked to fund staff and a staff of staff members was
recruited. In terms of the job description an additional staff of
responsibility were added. However, the level of responsibility and attention
to CIPED staff would be increased substantially when the State began
supplying staff time to the program. There was a need to increasing the
staff. The personnel increase was to have a primary role with the other
the experience in the military including experience in Vietnam. In
addition to the staff technical contribution to a staff in 1975. Attention
to the staff capability with the staff including all of staff members in 1975
within the CIPED agreement of dealing with the primary stage of health
problems that impact the development of children.

5. Medical Health Extension (Health Extension)

This is a new position created in July 1974. This CIPED has a contract
with the State and Family Medical Health Center for the provision of
diagnostic screening and evaluation services. The staff of the program

The following table shows the results of the analysis of variance for the dependent variable of the number of correct responses. The results are presented for the two groups of subjects, the control group and the experimental group. The results are presented for the two groups of subjects, the control group and the experimental group. The results are presented for the two groups of subjects, the control group and the experimental group.

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284. 2278-2279	2278	

NAME	AGE	ADDRESS
JOHN DOE	25	123 MAIN ST
JANE DOE	22	456 ELM ST
JOHN DOE	25	123 MAIN ST
JANE DOE	22	456 ELM ST
JOHN DOE	25	123 MAIN ST
JANE DOE	22	456 ELM ST

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THE FOLLOWING INFORMATION WAS OBTAINED FROM THE RECORDS OF THE BUREAU OF THE CENSUS, 1900, FOR THE CITY OF NEW YORK, IN THE DISTRICT OF COLUMBIA, IN THE YEAR 1900.

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The first of these is the fact that the
human body is not a static entity, but
one which is constantly changing and
developing. This is due to a number of
factors, including the environment, the
diet, and the physical activity of the
individual.

The second factor is the fact that the
human body is a complex system, with
many different parts and organs, each
of which has its own function and
purpose.

The third factor is the fact that the
human body is a social animal, and
its development is influenced by the
society in which it lives. This is true
of both the physical and the mental
aspects of the body.

The fourth factor is the fact that the
human body is a product of evolution,
and its development is the result of
the process of natural selection.

The fifth factor is the fact that the
human body is a unique entity, and
no two bodies are exactly alike. This
is due to a number of factors, including
the environment, the diet, and the
physical activity of the individual.

To assess needs and write a training plan for parent education; and

To develop an agreement between the program and families with a milestone identified for meeting needs.

3. Social Services:

- Goal
To further social services needed to serve each family individually.

- Objectives
To develop interviewing skills and techniques in assessing each family's needs;

To write guidelines for recording the setting and mood for home visits; and

To teach families methods of utilization of the social services directory.

4. Health/Nutrition:

- Goal
To provide services in all areas of health in order that each family will grow physically, mentally, and emotionally.

- Objectives
To gain and distribute information in proper pre-school nutrition for each family;

To provide consumer education programs on efficient buying to meet nutritional needs;

To gain information for home visitors that will meet the families needs for homemaker services provided by other agencies; and

To gain skills in identifying severe psychological disorders in order to refer them to diagnostic and treatment services.

In summary, the St. Petersburg CFRP staff training program was subject to several influences during program implementation. These included the declining availability of a Training Coordinator with a resulting restructuring of the position and attendant responsibilities; an intensive self reevaluation of the training program; and a long range staff training program development effort culminating in a new sense of purpose and direction for staff training.

V. INDIVIDUALIZATION

A. Program Planning and Start-up

The instrument for assessing the needs of families was developed by the Planning Committee during the Planning Phase. Items and questions for the assessment instrument were suggested by committee members. In doing this, most members took relevant items from the assessment instruments used by their own agencies. All the suggested items and questions were then evaluated and a final questionnaire was developed. The questions included one which asked the family's opinions as to their most urgent needs.

Using the assessment questionnaire, the plan was to have the Homebased Teachers collect assessment data from families in their homes. The data would then be discussed by the Assessment Team at weekly meetings. The team was to be composed of representatives from the following agencies:

<u>Agency</u>	<u>Discipline</u>
CFRP	Administration and Social Work
Juvenile Welfare Board	Social Work
Child Guidance Clinic	Psychology
Division of Family Services	Medicine
Family Counseling Center	Social Work
County School Board	Social Work and Education
County Head Start	Education
Policy Committee	Parent
County Welfare	Social Work
Project Playpen	Social Work

Each team member was to have received the assessment data on the families to be discussed before each meeting. The members would then check their agencies files to see whether any of the families were being served and, if so, to add any relevant data which were not covered.

Based on the assessment results, each family and each family member was to be served individually. The wide variety of community agencies that were a part of the linkage system allowed for the provision of a wide range of services to meet the needs of all family members.

During the Startup Phase, the assessment instrument and procedures were followed without significant change. Some minor revisions were made to the instrument in terms of added questions to meet a new or unanticipated situation.

No changes were made in the types of services that were planned to be provided. It was felt that every possible thought had been given to the provision of services so there was no need to add any. Similarly, no changes were made in the process by which services would be individualized.

B. Program Implementation

1. Needs Assessment Procedures:

The needs assessment procedures provide the fundamental information sources and the administrative supervision to the process of individualizing program services to family member needs.

The intake process is the first formal step of the needs assessment. A Home Visitor is assigned to work with the family in gathering social history on all family members. The Home Visitor also makes general observations on the attitude of the family members and attempts to determine if any emergency condition exists. This family information is discussed at a weekly staff meeting (regular attendance usually includes the Home Visitors, Family Counselor, Enrichment Coordinator, Nurse, and CFRP Coordinator). The Home Visitor who handled the intake interview makes a recommendation regarding acceptance to CFRP. The recommendation is based on the information available up to that point.

Once a family is accepted, a permanent Home Visitor is assigned. In practice this is usually the Home Visitor who conducted the intake interview but particular circumstances can alter this arrangement. For example, some families may express a preference for a certain Home Visitor or a family may have special needs that indicate one Home Visitor may be more appropriate than another. The regularly assigned Home Visitor completes collecting all relevant family information and concentrates on developing rapport with the family. The full social history and complementary data is sent to the assessment team. The procedure is to provide this data to assessment team members one week prior to the meeting so that agency records can be checked to determine what relationships exist between the family and the agency.

The assessment team originally met weekly. In January 1974 this weekly meeting was changed to a monthly meeting. This change was due to requests from the participating agencies that the time demands on their personnel were too great with the weekly meetings. Another factor was that once the original surge of assessing all families for the first time passed, the pressure for weekly meetings diminished.

The Home Visitor represents the family at the assessment team meetings. Although there are no restrictions against a family's presence at these meetings only a very few have exercised the option to attend. The Home Visitor explains the family situation to the assessment team in a combined written/oral presentation. The procedure is for the Home Visitor to verbally highlight the more comprehensive written report and to elaborate any point(s) raised during the meeting. The family situation is thoroughly examined and discussed as the

assessment team develops a recommended plan of action for coordination by the Home Visitor. In developing this plan the agency representatives indicate to the Home Visitor the extent of assistance/service available from their agencies. They also specify contact procedures and personnel.

The original procedure did not give the home visitor responsibility for preparing a complete written presentation on each family. This procedural change occurred during the winter months of 1974 in an attempt to provide the assessment team more information in developing a plan of action.

The Home Visitor subsequently presents the plan of action to the family and implementation begins. In the event the family feels that the plan or certain parts of it are unacceptable the Home Visitor has two alternative courses of action:

- To report the situation to the next assessment team meeting and develop resulting modifications to the plan; or
- To attempt modification in the field and report on these actions to the next assessment team meeting.

Reassessment usually is an annual event. Special circumstance sometimes accelerates this process. In reassessment the Home Visitor presents a report on family progress and new needs for consideration and action by the assessment team.

2. Needs Assessment Review

The needs assessment process is a persistent concern of the CFRP Coordinator. The coordinator is constantly seeking to improve the efficiency of the process and increase the interest of the agency representatives. As a result of this concern two major improvements to the procedure are being developed for the fall of 1975.

- Reassessment will occur every six months. It is felt that this will assist in keeping the plan of action more current and responsive;
- Written commitments will be requested from the families. This is a serious effort to clearly identify the responsibilities the CFRP, the community agencies, and the families each have to the other in the plan of action.

3. Assuring Individualization

The role of family representative delegates to the Home Visitor the prime responsibility of assuring that the various needs of family members are highlighted in the assessment team meeting. After the plan of action

has been decided the responsibility of assuring that the recommended services are provided remains with the Home Visitors. They check with the families to determine on one hand if services were indeed provided and, on the other, whether or not the family member(s) fulfilled their part of the arrangement. The Home Visitors also maintain liaison with agency representatives to keep the actual delivery of services efficient and effective. The CFRP Coordinator and the Mental Health Technician view a great part of their respective supervisory and consultant responsibilities to include the constant reinforcing of this important Home Visitor duty. The general consensus of the staff is that proper individualization of services is only possible if everyone remains personally vigilant and reinforces each other as to the importance of this concept to the success of their CFRP.

VI. COORDINATION

A. Program Planning and Startup

From the very beginning of the project, the Director and his staff sought and encouraged community agency participation and cooperation. Hence, agency representatives were heavily involved in the planning of the program. Prior to CTRP, relationships between numerous community agencies and Head Start had developed. The Head Start/CTRP Director sought to build on this existing foundation and develop it into the type of linkage system called for in the CTRP Guidelines. When the Director sent out his original letter asking for agency cooperation, he asked for two representatives from each organization. One person would become a member of the planning committee; the other would sit on the advisory team. This arrangement was devised in order to achieve a linkage system which would provide proper coordination of services to enrolled families.

Once the grant was signed, a meeting of the planning committee was held. The proposal was discussed along with plans for its implementation. The prospective CTRP Coordinator was introduced and questioned by the members. A discussion was held on how to get the school system involved in the program and how to get parents sufficiently motivated to become active participants in the program. Next, the project budget was discussed along with the need for additional staff members. The types of training to be provided to these new staff members were also discussed. Finally, at this meeting, the types of agreements between the agencies and the CTRP were considered. This meeting set the tone for the spirit of cooperation that was achieved by this program.

B. Program Implementation

The serious and concerted effort expended during planning and startup to involve community agencies in the CTRP guidelines in the implementation period. This continuity appears to have resulted from the attainment of purpose and full execution of the planners in general and the Head Start - CTRP Director in particular to establish good linkages throughout the community. Another factor is that the program planning effort coincided with the community agencies was not an isolated exercise. These initial program and personal association and contacts were continued and expanded during implementation and in so doing contributed positively to the coordination effort.

During planning and startup the Head Start Director was the principal individual responsible for developing the CTRP - community agencies linkages. Once the program moved into the operational stage, however, the bulk of the responsibility shifted to other staff members. During the first months of implementation the program staff moved to follow up on these original contacts. This work was done by the CTRP Coordinator, Rose Vickers, Nurse,

and Enhancement Coordinator. These staff spend a great deal of time in developing the formal and informal procedures that constitute the manner in which the agencies and the CPHF interact with each other to best provide services to CPHF families.

The formal procedures are built on the staff's professional interaction with the community level and the resulting deliberations, i.e. decision-making, and manner of providing services. The informal procedures are created primarily around the personal contact and support established by staff with people in the various community agencies. These personal interactions then provide the mechanisms by which agreements are made, problems are provided, advice given, etc., all of which form the substantial network through the effective agency coordination.

There has been no change in the major agencies involved with the CPHF during planning. The CPHF planners expect to have done a good job in contacting the appropriate agencies and getting them interested in our involvement in the program. The list of community agencies is extensive. However, on the whole, except for a few community agencies who provide specific services that others follow, following is a partial list of several community agencies providing services to the CPHF. An attempt is made to provide an indication how others fit in to demonstrate the breadth and scope of the coordination effort in the community.

- Child Care Committee - Project Plugged - Community with school building program that provides child care for CPHF children. The school has a formal arrangement with the Child Care Committee for their care.
- Child Welfare Clinic of Pacific County - Established with CPHF to provide counseling and diagnostic services. The County Welfare Clinic plans to implement this agreement by assigning a staff person with health professional with a background in educational procedures and family counseling. Since this individual works closely with the State Welfare as a consulting and training agency this arrangement is very important.
- Pacific County Health Department - Provides school-age children with health care through the 8th grade, health screenings and testing, family planning and counseling and contraception is provided.
- Division of Family Services - Provides a broad range of services to families in the area of counseling on family problems, child care services including AFDC, social workers to help with speciality and general family problems, family care, medical, mental health counseling, adoption services in the area of child intervention and in other services to deal about cases and help change.
- Pacific County Education Home Extension Office - provides information on community education and protection, activities, i.e. non-formalizing activities.

- Special and Working Sites of Interest to Residents - During production and during cultural festival, representative working conditions must be, keeping development, good maintenance, etc., and growing from it to the end.
- High and Low Sites - Residents, working, for health, especially at high and low sites, and for a day with them. Also, the area of the festival, including other high and low sites, are provided.
- Health and Recreation Development - They are with progress for their own interest, including activities.
- Adult Education, Physical Fitness, Sports, etc. - provide and share in various activities, high school, university, etc., cultural and sports, and subjects, etc., and other efforts.

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1. Introduction

The purpose of this study is to investigate the effects of the proposed system on the performance of the system. The study is divided into two main parts: a theoretical analysis and an experimental evaluation. The theoretical analysis is based on the principles of the system and the experimental evaluation is based on the results of the experiments. The results of the experiments show that the proposed system has a significant effect on the performance of the system. The results of the theoretical analysis show that the proposed system is a valid system. The results of the experimental evaluation show that the proposed system is a valid system. The results of the theoretical analysis show that the proposed system is a valid system. The results of the experimental evaluation show that the proposed system is a valid system.

2. Theoretical Analysis

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DEPARTMENT OF CHEMISTRY

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THE UNIVERSITY OF CHICAGO
DEPARTMENT OF POLITICAL SCIENCE
1100 EAST 58TH STREET, CHICAGO, ILL. 60637

1. RESEARCH INTERESTS

My research interests are in the area of political development, with a particular emphasis on the role of the state in economic growth and development.

2. EDUCATION

I received my B.A. in Political Science from the University of Chicago in 1974. I then spent two years in the Peace Corps in Africa, where I worked on a rural development project. I returned to the U.S. and completed my M.A. in Political Science from the University of Chicago in 1976. I then spent three years in the Peace Corps in Africa, where I worked on a rural development project. I returned to the U.S. and completed my Ph.D. in Political Science from the University of Chicago in 1980.

MEMORANDUM

TO : Mr. Tolson

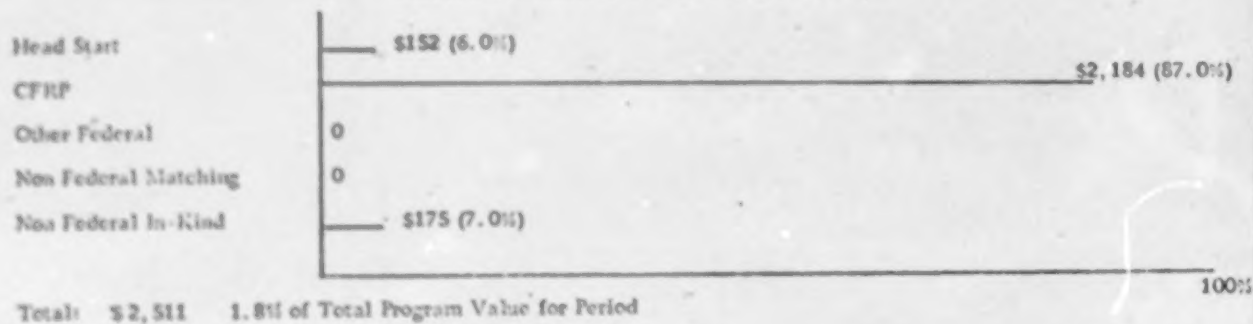
FROM : Mr. [illegible]

SUBJECT: [illegible]

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**VALUE OF
GENERAL HEALTH SERVICES (1.1)**



The total dollar value (from all available resources) of General Health Services provided by the St. Petersburg program is presented in the graph above and reflects program services which address the following objectives:

- provide a comprehensive health services program which includes a broad range of medical dental services to preschool children, to assist the child's physical, emotional, cognitive, and social development toward the overall goal of social competence;
- promote preventive health services and early intervention;
- provide the child's family with the necessary skills and insight and otherwise attempt to link the family to an ongoing health care system to ensure that the child continues to receive comprehensive health care even after leaving the program.

CATEGORICAL COST DATA FOR General Health I.1
Category

OMB No. 085-S-74613
Approval Expires: 30 June 1979
Categorical Cost Report

Item	Source: Fixed or Variable		Head Start		CFRP		Other Fed.		Non-Fed. Matchings		Non-Fed. In-Kind		Totals	
	Fixed	Variable	Fixed	Variable	Fixed	Variable	Fixed	Variable	Fixed	Variable	Fixed	Variable	Fixed	Variable
1. Personnel														
Salaries and Wages					2,025								2,025	
Fringe Benefits														
Consultants														
Volunteers														
2. Facilities														
Space														
Equipment														
Furniture														
3. Staff Training														
4. Materials (Reusable)														
5. Consumable supplies														
Food														
Other (specify)														
6. Contract Services (Specify)			152			87						175		414
Medicaid Payments														
7. Travel						72								72
TOTALS			152		2,025	159						175		2,511
Grand total amounts from each source:			152		2,184							175		2,511

VALUE OF
MENTAL HEALTH SERVICES (1. 2)

Head Start	0	
CFRP		\$4, 629 (100%)
Other Federal	0	
Non Federal Matching	0	
Non Federal In-Kind		
		100%

Total: \$4, 629 3.4% of Total Program Value for Period

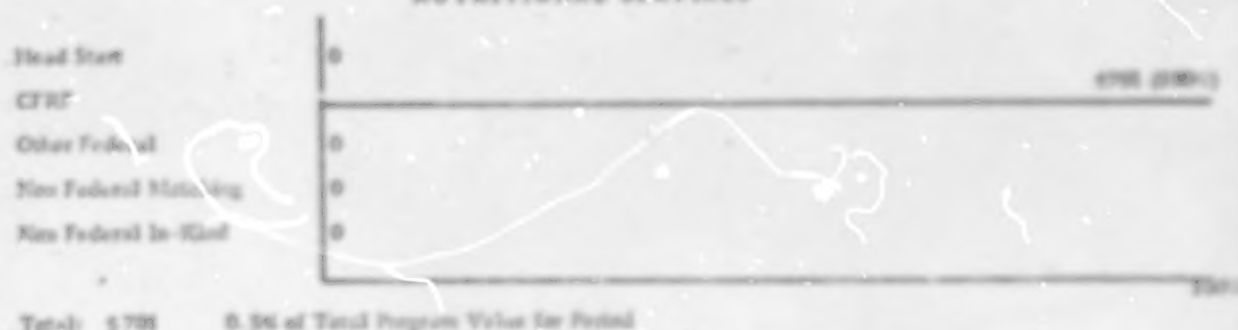
Data on the total dollar value (from all available sources) of Mental Health Services provided by St. Petersburg during the study period is presented in the graph above. Mental Health Services for the purpose of this study are described as those services which address the following objectives:

- assist all children participating in the program in emotional, cognitive, and social development toward the overall goal of social competence in coordination with the education program and other related component activities;
- provide children with special needs with the necessary mental health services which will ensure that the child and his family achieve the full benefits of participation in the program;
- provide staff and parents with an understanding of child growth and development, an appreciation of individual differences, and the need for a supportive environment;
- provide for prevention, early identification, and early intervention in problems that interfere with a child's development;
- develop a positive attitude toward mental health services and a recognition of the contributions of psychology, medicine, social services, education, and other disciplines to the mental health program; and
- mobilize community resources to serve children with problems that prevent them from coping with their environment.

Dr. Peter Dinklage

St. Petersburg											
Item	Source		Fixed Cost		Variable Cost		Other Proj. #		Special Activities		Totals
	Fiscal Year	Variance	Amount	Variance	Fixed	Variable	Fixed	Variable	Fixed	Variable	
1. Personnel											
Salaries and Wages					1,296						1,296
Trip Expenses											
Com'l. Travel											
Veterinarian											
2. Facilities											
Space											
Equipment											
Furniture											
3. Staff Training											
4. Supplies (Reorder)											
5. Consumable supplies											
Feed											
Other (specify)											
6. Current Services (Specify)											
					1,333						1,333
Medical Payments											
7. Total											
TOTALS					4,629						4,629
Grand Total: 4,629											

VALUE OF NUTRITIONAL SERVICES



The data collected and presented on the graph above is the total dollar value (from all available sources) of nutritional services provided by St. Albans CTRF. These services are those which serve to meet the following objectives of the health services component of the program:

- help provide food which will help meet the child's daily nutritional needs in the child's home or in another clean and pleasant environment, recognizing individual differences and cultural patterns, and thereby promote sound physical, social, and emotional growth and development;
- provide an environment for nutritional services which will support and promote the use of the feeding situation as an opportunity for learning;
- help staff, child, and family to understand the relationship of nutrition to health, factors which influence food practices, variety of ways to provide for nutritional needs and to apply this knowledge in the development of sound food habits even after leaving the program;
- demonstrate the interrelationships of nutrition to other activities of the program and its contribution to the overall child development goals; and
- involve all staff, parents, and other community agencies as appropriate in meeting the child's nutritional needs so that nutritional care provided complements and supplements that of the home and community.

The data shown on the graph are for overall nutritional services. The costs of individual food programs utilized by each program during the study period is not included in this chart.

Integrated Event Report

Event Name: _____

Event Date: _____

Event Location: _____

Event Category	Event Details										Event Status
	Event ID	Event Title	Event Description	Event Date	Event Time	Event Location	Event Duration	Event Attendees	Event Organizers	Event Sponsors	
General	1	Event 1	Event 1 Description	Event 1 Date	Event 1 Time	Event 1 Location	Event 1 Duration	Event 1 Attendees	Event 1 Organizers	Event 1 Sponsors	Event 1 Status
	2	Event 2	Event 2 Description	Event 2 Date	Event 2 Time	Event 2 Location	Event 2 Duration	Event 2 Attendees	Event 2 Organizers	Event 2 Sponsors	Event 2 Status
	3	Event 3	Event 3 Description	Event 3 Date	Event 3 Time	Event 3 Location	Event 3 Duration	Event 3 Attendees	Event 3 Organizers	Event 3 Sponsors	Event 3 Status
	4	Event 4	Event 4 Description	Event 4 Date	Event 4 Time	Event 4 Location	Event 4 Duration	Event 4 Attendees	Event 4 Organizers	Event 4 Sponsors	Event 4 Status
	5	Event 5	Event 5 Description	Event 5 Date	Event 5 Time	Event 5 Location	Event 5 Duration	Event 5 Attendees	Event 5 Organizers	Event 5 Sponsors	Event 5 Status
Special	6	Event 6	Event 6 Description	Event 6 Date	Event 6 Time	Event 6 Location	Event 6 Duration	Event 6 Attendees	Event 6 Organizers	Event 6 Sponsors	Event 6 Status
	7	Event 7	Event 7 Description	Event 7 Date	Event 7 Time	Event 7 Location	Event 7 Duration	Event 7 Attendees	Event 7 Organizers	Event 7 Sponsors	Event 7 Status
	8	Event 8	Event 8 Description	Event 8 Date	Event 8 Time	Event 8 Location	Event 8 Duration	Event 8 Attendees	Event 8 Organizers	Event 8 Sponsors	Event 8 Status
	9	Event 9	Event 9 Description	Event 9 Date	Event 9 Time	Event 9 Location	Event 9 Duration	Event 9 Attendees	Event 9 Organizers	Event 9 Sponsors	Event 9 Status
	10	Event 10	Event 10 Description	Event 10 Date	Event 10 Time	Event 10 Location	Event 10 Duration	Event 10 Attendees	Event 10 Organizers	Event 10 Sponsors	Event 10 Status
Other	11	Event 11	Event 11 Description	Event 11 Date	Event 11 Time	Event 11 Location	Event 11 Duration	Event 11 Attendees	Event 11 Organizers	Event 11 Sponsors	Event 11 Status
	12	Event 12	Event 12 Description	Event 12 Date	Event 12 Time	Event 12 Location	Event 12 Duration	Event 12 Attendees	Event 12 Organizers	Event 12 Sponsors	Event 12 Status
	13	Event 13	Event 13 Description	Event 13 Date	Event 13 Time	Event 13 Location	Event 13 Duration	Event 13 Attendees	Event 13 Organizers	Event 13 Sponsors	Event 13 Status
	14	Event 14	Event 14 Description	Event 14 Date	Event 14 Time	Event 14 Location	Event 14 Duration	Event 14 Attendees	Event 14 Organizers	Event 14 Sponsors	Event 14 Status
	15	Event 15	Event 15 Description	Event 15 Date	Event 15 Time	Event 15 Location	Event 15 Duration	Event 15 Attendees	Event 15 Organizers	Event 15 Sponsors	Event 15 Status

Figure 10 Estimated Annual Production (in tons)



Source: U.S. Bureau of Economic Analysis, Bureau of Economic Analysis

The data presented in the graph above indicate the total dollar value of all of the estimated production of various minerals produced in the United States during the early period (1980-1989) of the mining period. The data are presented in the graph above.

- provide background information and information on the early period (1980-1989) of the mining period. The data are presented in the graph above.

THEORY OF THE EARTH

1. The Earth is a sphere.
2. The Earth is a sphere.
3. The Earth is a sphere.
4. The Earth is a sphere.
5. The Earth is a sphere.



THE EARTH IS A SPHERE

THE EARTH IS A SPHERE

1. The Earth is a sphere.
2. The Earth is a sphere.
3. The Earth is a sphere.
4. The Earth is a sphere.
5. The Earth is a sphere.

QUESTION

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7. The

ANSWER

1. The
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6. The
7. The



- 1. The first horizontal line is the longest.
 - 2. The second horizontal line is shorter than the first.
 - 3. The third horizontal line is shorter than the second.
 - 4. The fourth horizontal line is shorter than the third.
- The diagram is enclosed in a rectangular frame.

GENERAL INFORMATION									
1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100
101	102	103	104	105	106	107	108	109	110
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121	122	123	124	125	126	127	128	129	130
131	132	133	134	135	136	137	138	139	140
141	142	143	144	145	146	147	148	149	150
151	152	153	154	155	156	157	158	159	160
161	162	163	164	165	166	167	168	169	170
171	172	173	174	175	176	177	178	179	180
181	182	183	184	185	186	187	188	189	190
191	192	193	194	195	196	197	198	199	200
201	202	203	204	205	206	207	208	209	210
211	212	213	214	215	216	217	218	219	220
221	222	223	224	225	226	227	228	229	230
231	232	233	234	235	236	237	238	239	240
241	242	243	244	245	246	247	248	249	250
251	252	253	254	255	256	257	258	259	260
261	262	263	264	265	266	267	268	269	270
271	272	273	274	275	276	277	278	279	280
281	282	283	284	285	286	287	288	289	290
291	292	293	294	295	296	297	298	299	300
301	302	303	304	305	306	307	308	309	310
311	312	313	314	315	316	317	318	319	320
321	322	323	324	325	326	327	328	329	330
331	332	333	334	335	336	337	338	339	340
341	342	343	344	345	346	347	348	349	350
351	352	353	354	355	356	357	358	359	360
361	362	363	364	365	366	367	368	369	370
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391	392	393	394	395	396	397	398	399	400
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411	412	413	414	415	416	417	418	419	420
421	422	423	424	425	426	427	428	429	430
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451	452	453	454	455	456	457	458	459	460
461	462	463	464	465	466	467	468	469	470
471	472	473	474	475	476	477	478	479	480
481	482	483	484	485	486	487	488	489	490
491	492	493	494	495	496	497	498	499	500
501	502	503	504	505	506	507	508	509	510
511	512	513	514	515	516	517	518	519	520
521	522	523	524	525	526	527	528	529	530
531	532	533	534	535	536	537	538	539	540
541	542	543	544	545	546	547	548	549	550
551	552	553	554	555	556	557	558	559	560
561	562	563	564	565	566	567	568	569	570
571	572	573	574	575	576	577	578	579	580
581	582	583	584	585	586	587	588	589	590
591	592	593	594	595	596	597	598	599	600
601	602	603	604	605	606	607	608	609	610
611	612	613	614	615	616	617	618	619	620
621	622	623	624	625	626	627	628	629	630
631	632	633	634	635	636	637	638	639	640
641	642	643	644	645	646	647	648	649	650
651	652	653	654	655	656	657	658	659	660
661	662	663	664	665	666	667	668	669	670
671	672	673	674	675	676	677	678	679	680
681	682	683	684	685	686	687	688	689	690
691	692	693	694	695	696	697	698	699	700
701	702	703	704	705	706	707	708	709	710
711	712	713	714	715	716	717	718	719	720
721	722	723	724	725	726	727	728	729	730
731	732	733	734	735	736	737	738	739	740
741	742	743	744	745	746	747	748	749	750
751	752	753	754	755	756	757	758	759	760
761	762	763	764	765	766	767	768	769	770
771	772	773	774	775	776	777	778	779	780
781	782	783	784	785	786	787	788	789	790
791	792	793	794	795	796	797	798	799	800
801	802	803	804	805	806	807	808	809	810
811	812	813	814	815	816	817	818	819	820
821	822	823	824	825	826	827	828	829	830
831	832	833	834	835	836	837	838	839	840
841	842	843	844	845	846	847	848	849	850
851	852	853	854	855	856	857	858	859	860
861	862	863	864	865	866	867	868	869	870
871	872	873	874	875	876	877	878	879	880
881	882	883	884	885	886	887	888	889	890
891	892	893	894	895	896	897	898	899	900
901	902	903	904	905	906	907	908	909	910
911	912	913	914	915	916	917	918	919	920
921	922	923	924	925	926	927	928	929	930
931	932	933	934	935	936	937	938	939	940
941	942	943	944	945	946	947	948	949	950
951	952	953	954	955	956	957	958	959	960
961	962	963	964	965	966	967	968	969	970
971	972	973	974	975	976	977	978	979	980
981	982	983	984	985	986	987	988	989	990
991	992	993	994	995	996	997	998	999	1000

EXTENSIONAL COST DATA FOR Staff Training S.O.

CHS No. 011-3-10113

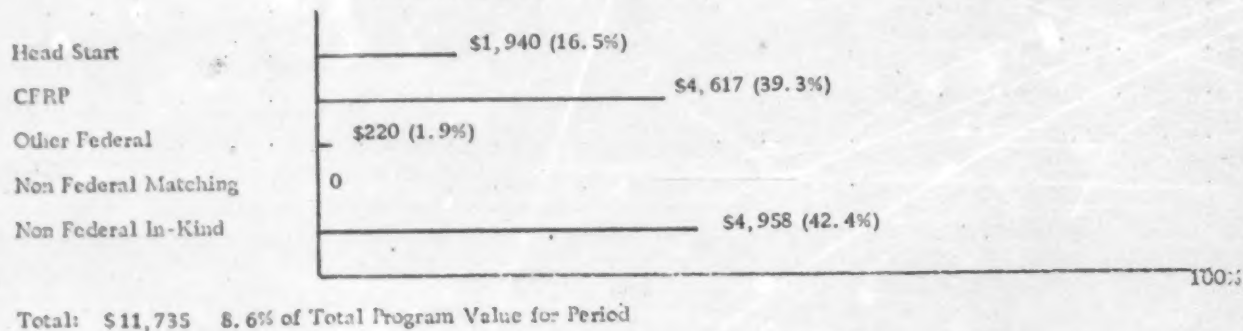
Report Period: 10 Jan 1973

Category

St. Petersburg

Item	Fixed Cost		Variable		Fuel		COP		Other Ind. *		Sum Ind. *		Total		Grand Total	
	Amount	Variable	Amount	Variable	Amount	Variable	Amount	Variable	Amount	Variable	Amount	Variable	Amount	Variable	Amount	Variable
1. Personnel					1,034										1,034	
Salaries and Wages																
Fringe Benefits																
Com. Travel																
Vocational																
2. Facilities																
Rent																
Equipment																
Furniture																
3. Staff Training																
4. Materials (Reimbursable)																
5. Consumable supplies																
Food					103										103	
Other (Specify)																
6. Contract Services (Specify)																
Medicaid Payments																
7. Travel																
TOTALS													300			
Grand total amount from each source:																2,983

VALUE OF
ADMINISTRATION ACTIVITIES (6.0)



The graph above indicates the total dollar value (from all available resources) of program administration activities by the CFR program during the study period. For the purpose of this study, program administration activities are described as those activities which relate to the following functions:

- program management and organization;
- property management which includes records, procurement policies, and procedures;
- financial management; and
- personnel management.

IX. NOTES ON KEY PROGRAM IMPLEMENTATION FACTORS

The team concept of program planning included representatives from various community agencies who would be involved in the delivery of services when the program became operational. In this way the agencies were able to indicate to the CFRP planning personnel exactly what the agency requirements and procedures were. With this first hand knowledge many CFRP operational procedures were designed and communication networks arranged between CFRP and the agencies prior to program implementation. The result is a flexible and open association between the agency representatives and CFRP.

Constructive criticism is provided by everyone involved in order to improve agency coordination and the feeling that CFRP is a community service directed program.

During planning the School Board showed less enthusiasm than any of the other agencies which were contacted to participate in planning the CFRP. This resulted in limited linkages between CFRP and the School System which had to be clarified at a later date. Participation improved during startup; for example, a representative attended the first agency coordination meeting after the program was funded and another representative agreed to serve on the assessment team. However, relations with the School Board while cordial have not always been very effective. The decision to assign the responsibility for improving the CFRP - School Board linkages to one staff member has created a definite improvement in this long term problem area.

There was general staff agreement that the needs assessment procedures are vital to the CFRP. In retrospect the staff felt that more planning time and effort should have been devoted to this area. Throughout implementation the CFRP Coordinator and the Home Visitor have continued to refine the needs assessment procedures particularly to increase the participation of community agency representatives and streamline the procedures. The intent is to improve the quality of the needs assessment and reduce the amount of time required to process family information.

The care and attention to developing sound agency linkages that started during planning and startup continues in the implementation phase. This activity has contributed significantly to the success CFRP has had with most community agencies. Both example and direction for this is provided by the Head Start/CFRP Director and the CFRP Coordinator. They have not relaxed on this point and continue to require that the staff remains alert to their responsibilities.

The staff forms the basis of the CFRP's strength. Most staff had previous experience with and knowledge about the CFRP families and their neighborhood. This coupled with the fact that staff turnover has been almost nonexistent has allowed the staff knowledge and understanding about the community, the families, and available resources to make a distinct and positive impression on the program. In addition, individual staff willingness and openness to deal with each other and the assigned CFRP families, as well as a dedication to improving professional competence, has facilitated the implementation phase.

Combining the Homebased Teacher and Social Worker responsibilities into the specially created Home Visitor position proved to be a ~~ma~~ ~~x~~ plus for improving the CFRP interaction with member families. Making one staff member primarily responsible for representing CFRP to the family assisted the development of mutual trust and confidence between the Home Visitor and the families.

A situation that had significant program repercussions was the early intensive recruiting of families with attendant overextension of staff and other program resources. In the first implementation months, the staff "processed" families because they did not have time to work with them to identify and/or develop commitment to the program. This heavy and unanticipated influx of families early in the program also taxed the resources of the assessment team. In the beginning, they were faced with a larger caseload. While they felt they did an adequate job of assessing needs, there were indications that with more time, assessment would have been better. Fortunately, this situation is no longer a problem.